



South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
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MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

APPLICATION FOR THE CONTINUATION OF RESIDENT MOTER VEHICLE DAMAGE APPRAISER LICENSE FOR PERIOD OCTOBER 1, 2005 THRU SEPTEMBER 30, 2007.

NAME: _____
ADDRESS: _____

SNN: _____

This application must be completed in its entirety and returned to this Department by the end of October. If Application and fee are not received within stated period, your Motor Vehicle Damage Appraiser's License will be cancelled. The Biennial License Fee is \$80.00. PENALTY FOR LATE FILING IS A DOUBLE FEE. Make remittance payable to South Carolina Department of Insurance.

SECTION 1 – PERSONAL INFORMATION

SOC. SEC. NO	LAST NAME	FIRST NAME	MI	JR/SR
HOME STREET ADDRESS (Do not use a P.O. Box No.)		CITY	STATE	ZIP CODE
HOME PHONE NO.				
MAILING ADDRESS		CITY	STATE	ZIP CODE
BUSINESS ADDRESS		CITY	STATE	ZIP CODE

Your Social Security No. will be used by the Department for identification purposes only. It will not be released as public information.

SECTION 2 – EMPLOYMENT INFORMATION (This Section must be completed each year)

Are you currently employed as a Motor Vehicle Damage Appraiser? Yes: ____ No: ____

NAME OF FIRM OR COMPANY		BUSINESS TELEPHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE

SECTION 3 – APPLICANT'S SWORN STATEMENT

I do solemnly swear that all information contained within this application is complete, true, and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

PLEASE NOTE: Your License is permanent and a new license will not be issued. Your cancelled check will serve as receipt.